

CHAPTER 19

SECTION 1

GENERAL

1.0. INTRODUCTION

1.1. This chapter provides instructions to the MCS contractor regarding its responsibilities under the Supplemental Health Care Program (SHCP) for civilian health care received in the United States by eligible uniformed service members. Eligible members may include members in travel status (leave, TDY/TAD, permanent change of station), Navy/Marine Corps service members enrolled to deployable units and referred by the unit PCM (not an MTF), eligible Reserve component (RC) personnel, ROTC students, cadets/midshipmen, and eligible foreign military. Coverage under this chapter is for civilian health care of eligible uniformed service members other than MHS facility referred care ([Chapter 18](#)) and other than care rendered to enrollees in TRICARE Prime Remote ([Chapter 17](#)). Additionally, it provides general information regarding the roles and responsibilities of the Uniformed Services.

1.2. Categories of care/coverage include: emergency care and non-emergent care. Dental services are not included, and will continue to be processed under the currently established procedures applicable to the eligible member's parent service (see [Chapter 18, Addendum B](#)). Pharmacy claims will be processed by the Retail Pharmacy contractor.

1.3. The provisions of this chapter do not apply to enrollees in the TRICARE Prime Remote program ([Chapter 17](#)) or to civilian services rendered pursuant to referral by an MTF provider ([Chapter 18](#)).

1.4. This chapter is not applicable to active duty service members enrolled overseas. Claims authorization and payment procedures for active duty service members enrolled overseas are outlined in the TRICARE Policy Manual, [Chapter 12](#), TRICARE Overseas Program.

2.0. SERVICE POINT OF CONTACT (SPOC)

The SPOC for members of the Army, Air Force, Navy, Marine Corps, and Coast Guard will be the Military Medical Support Office (MMSO). The MMSO is established to provide a means to identify, manage and provide medical oversight of civilian health care furnished to Army, Air Force, Navy, Marine Corps, and Coast Guard service members. MMSO's functions include preauthorization of care when required, medical oversight for specialty care, the coordination and management of civilian routine and emergency hospital admissions; the initiation or coordination of medical boards; and the coordination of other military personnel-related actions. The Public Health Service and NOAA have their own SPOCs for their service members. A list of Uniformed Service SPOCs is provided in [Addendum A](#). The SPOCs will interact directly with the managed care support contractor

using telephone, facsimile and automation links when available. [Addendum B](#) describes the protocols and procedures for coordination of authorizations with MMSO.

3.0. CONTRACTOR RESPONSIBILITIES

The contractor shall provide payment for inpatient and outpatient medical services for civilian health care received in the 50 United States and the District of Columbia by eligible uniformed service members in accordance with the provisions of this chapter. After payment of the claim, the contractor shall furnish reports as specified in this chapter.

4.0. SUPPLEMENTAL HEALTH CARE PROGRAM DIFFERENCES

4.1. Active Duty Service Members (ADSMs) have no cost-shares, copayments or deductibles. If they have been required by the provider to make “up front” payment they may, upon approval, be reimbursed in full for amounts in excess of what would ordinarily be reimbursable under TRICARE.

4.2. Nonavailability Statement requirements do not apply.

4.3. Supplemental Health Care Program claims are not included in the quarterly claims audit, but are included in the measurement of the claims processing standards in [Chapter 1, Section 3, paragraph 2.0.](#) and [3.0.](#)

4.4. If third party liability (TPL) is involved in a claim, claim payment will not be delayed during the development of TPL information.